



State of Connecticut
Department of Public Safety Division of State Police

ACCIDENT INFORMATION SUMMARY

Troop: F _____ Case Number: **DPS-04-047800**

Notations:

Traffic: _____
Weather: _____

Investigating Trooper: TPR. CARRIER # 312 Date: 09-24-04

Time: 1457 HOURS
Direction of Travel:

N S E W

No. & Type of Veh's Involved: 2 CAR _____ Related Information: _____
(Passenger Car, Truck, Bus, Etc.) (Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: KILLINGWORTH _____ Location of Accident: RT 80 APPROX. 1/10 MILE WEST OF TOWER HILL RD _____

Utility Pole Name & Number (If Applicable): _____ Other (Specify): _____

Oper #1: HARRISON, JENNINE T. _____

DOB: 08-18-56 _____ Gender: ☐ M ☒ F

Address: 3 NORTH CHESTNUT HILL RD _____

Town: KILLINGWORTH _____ State: CT _____ Zip: 06419 _____

Oper. Lic. # 202954138 _____ Type: CLASS 2 State: CT _____

Owner #1: SAME _____

Address: SAME _____

Registration Plate: 628SPV _____ State: CONNECTICUT _____

Make: JEEP _____ Model: WRANGLER _____ Year: 2004 _____

VIN: 1J4FA39S34P798859 _____

Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/A

Insurance Company: AMITY _____

Insurance Policy #: K1586012 _____

Injuries: FACE AND NECK PAIN _____

Vehicle Damage: _____
LEFT FRONT CORNER PANEL AREA

Vehicle Towed: ☐ No ☒ Yes, ATWOOD'S - DEEP RIVER _____

Occupant(s): [Name / DOB / Address / Position in Veh] _____

Oper #2: SOMERVILLE, ARWEN **FATAL** _____

DOB: 12-22-78 _____ Gender: ☐ M ☒ F

Address: 12 RAPALLO AVE. - 4A _____

Town: MIDDLETOWN _____ State: CT _____ Zip: 06457 _____

Oper. Lic. # 246995394 _____ Type: CLASS 2 State: Connecticut _____

Owner #2: JOAN SOMERVILLE _____

Address: SAME _____

Registration Plate: 354HNE _____ State: CONNECTICUT _____

Make: PONTIAC _____ Model: GRAND AM _____ Year: 1997 _____

VIN: 1G2NE12M4VM518999 _____

Seatbelt(s): ☒ Yes ☐ No Airbag: ☒ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/A

Insurance Company: LIBERTY MUTUAL _____

Insurance Policy #: A0221520386202 _____

Injuries: FACIAL/CHEST _____

Vehicle Damage: _____
LEFT FRONT CORNER PANEL AND FRONT END AREAS

Vehicle Towed: ☒ No ☐ Yes, NEW IMAGE -

HADDAM _____

Occupant(s): [Name / DOB / Address / Position in Veh] _____

L/R - C/S BROOK PERROTTA _____

4 FIRE TOWER RD - KILLINGWORTH, Connecticut 06419 _____

R/R-C/S GRACE PERROTTA _____

4 FIRE TOWER RD - KILLINGWORTH, Connecticut 06419 _____

Oper #3: _____

DOB: _____ Gender: ☐ M ☐ F

Address: _____

Town: _____ State: _____ Zip: _____

Oper. Lic. # _____ Type: _____ State: _____

Owner #3: _____

Address: _____

Registration Plate: _____ State: _____

Make: _____ Model: _____ Year: _____

VIN: _____

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: _____

Insurance Policy #: _____

Injuries: _____

Vehicle Damage: _____

Vehicle Towed: ☐ No ☐ Yes, _____

Occupant(s): [Name / DOB / Address / Position in Veh] _____

Oper #4: _____

DOB: _____ Gender: ☐ M ☐ F

Address: _____

Town: _____ State: _____ Zip: _____

Oper. Lic. # _____ Type: _____ State: _____

Owner #4: _____

Address: _____

Registration Plate: _____ State: _____

Make: _____ Model: _____ Year: _____

VIN: _____

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: _____

Insurance Policy #: _____

Injuries: _____

Vehicle Damage: _____

Vehicle Towed: ☐ No ☐ Yes, _____

Occupant(s): [Name / DOB / Address / Position in Veh] _____

Brief Description of Accident

Vehicle #1 was traveling on Rt. 80 westbound in the area of Tower Hill Rd in Killingworth. Vehicle #2 was traveling on Rt. 80 eastbound in the area of Tower Hill Rd in Killingworth. Vehicle #2 entered the westbound travel portion of Rt. 80. Vehicle #2 then struck Vehicle #1. Vehicle #2 then drove into right shoulder area of Rt. 80 westbound. Vehicle #2 then struck a tree in the right shoulder area of Rt. 80 westbound. Vehicle #1 came to final rest in the right shoulder area of Rt. 80 westbound. Vehicle #2 came to final rest against a tree in the right shoulder area of Rt. 80 westbound. Operator #2, Passenger #1 and Passenger #2 were transported to Yale New Haven Hospital. Operator #2 was pronounced deceased at Yale New Haven Hospital.

Case is under investigation. Anyone with information - please contact Troop F 860 399-2100..

This investigation is: ☒ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company KILLINGWORTH ☐ No #2 Ambulance ☒ Yes, Company KILLINGWORTH ☐ No

Patient Name: OPERATOR #1 _____ Patient Name: OPERATOR #2 _____

Hospital SHORELINE CLINIC _____ Hospital YALE _____

Injuries FACE/NECK _____ Injuries FACE/CHEST- FATALITY _____

#3 Ambulance ☒ Yes, Company ESSEX _____ ☐ No #4 Ambulance ☐ Yes, Company _____ ☐ No

Patient Name: PASSENGER #1 AND #2 - VEHICLE #2 _____ Patient Name: _____

Hospital YALE _____ Hospital _____

Injuries CHEST _____ Injuries _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name OP #2- SOMERVILLE, ARWEN _____ Name _____

Next of Kin Notified? ☒ Yes ☐ No Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested _____ Arrested _____

Warned _____ Warned _____

Supervisor's Approval Required: Signature _____ # _____ Date _____